

**Amendment No. 10 to SB2300**

**Fowler  
Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 2300**

**House Bill No. 2321\***

by adding the following new section immediately preceding the last section and by renumbering the subsequent section accordingly:

SECTION \_\_\_\_.

(a) There shall be a special TennCare safety-net study committee appointed composed of the following:

- (1) A representative of Blue Cross Blue Shield of Tennessee;
- (2) A representative of John Deere;
- (3) A representative of the Tennessee Rural Health Association;
- (4) The commissioner of finance and administration or the commissioner's designee;
- (5) The commissioner of commerce and insurance or the commissioner's designee;
- (6) The director of the bureau of TennCare;
- (7) A representative of pharmacists selected by the Tennessee Pharmacists Association;
- (8) One (1) member of the majority party and one (1) member of the minority party of the senate and one (1) member of the majority party and one (1) member of the minority party of the house of representatives with each member selected by the respective speakers, after consultation with the appropriate majority and minority leader of each respective house.
- (9) A representative of Tennessee Medical Association;
- (10) A representative of the Tennessee Hospital Association;

(11) A representative of nurses selected by the Tennessee Nurses Association; and

(12) A representative of the advocacy community selected by the Tennessee Justice Center.

(b) The bureau of TennCare and the department of commerce and insurance shall provide legal counsel to the committee.

(c) The committee shall submit a report to the governor and the general assembly no later than January 10, 2006, with respect to the following:

(1) Making recommendations regarding cost-containment strategies and cost-effective program improvements for the TennCare program; and

(2) Making recommendations concerning the feasibility of obtaining a federal waiver under Section 1115 or any other appropriate provision of the federal social security act that would:

(A) Place more financial responsibility on the health care consumer to make wise purchases;

(B) Extend greater choice to consumers;

(C) Take advantage of market forces;

(D) Make private insurance accessible to more people; and

(E) Create greater insurance portability.

(d) In making recommendations concerning the feasibility of subdivision (c)(2) the committee shall also give consideration to obtaining an appropriate waiver that would:

(1) Allow Medicaid eligible persons and any other person not having access to health insurance to purchase insurance from among more than two insurers licensed under title 56, with the state paying the full premium for those who are Medicaid eligible and a portion of the premium, based on a sliding scale, for those who are not Medicaid

eligible but whose income is at or below one hundred fifty percent (150%) of the federal poverty level and those other persons not having access to health insurance to paying the full premium; or

(2) Provide a high deductible policy in conjunction with medical savings accounts for Medicaid and non-medical eligible persons; or

(3) A premium assist program whereby premiums could be paid for any Medicaid eligible person having access to employer provided health insurance; or

(4) Any combination of the foregoing.

(e) The committee report shall also provide a description of any statutory changes that would be required to make any such program actuarially feasible.

(f) Members of the committee shall receive no compensation of any form except for members of the general assembly, who shall be paid in accordance with the provisions of Tennessee Code Annotated, Section 3-1-106.